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Curtis L. Schrandt

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANTS : ORSER, Cindy et al.

APPLICATION NO. : 10/728,246

DATE FILED : 06/18/03

FOR : DETECTION OF CONFORMATIONALLY ALTERED  
PROTEINS AND PRIONS

GROUP ART UNIT : 1743

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Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

SUBMISSION OF  
SUPPLEMENTAL APPLICATION DATA SHEET

S I R:

Enclosed herewith please find a Supplemental Application Data Sheet which includes changes to the Initial Application Data Sheet previously entered in the above-identified application. More specifically, the claimed priority reference information has been corrected and the sequence listing information has been added. Please enter the enclosed Supplemental Application Data Sheet in the application.

Please credit any overpayment or charge any additional fees due in connection with this

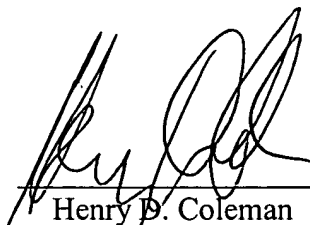
communication to Deposit Account No. 04-0838. A copy of this Submission is enclosed  
herewith for deposit account charging purposes.

Respectfully submitted,

COLEMAN SUDOL SAPONE, P.C.

Dated: May 21, 2004

By:

  
Henry D. Coleman  
Reg. No. 32,559

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## **Application Data Sheet**

### **Application Information**

Application Number::	10/728,246
Filing Date::	12/04/03
Application Type::	Regular
Subject Matter::	Utility
<u>Sequence submission?::</u>	<u>Paper</u>
<u>Computer Readable Form (CRF)?::</u>	<u>Yes</u>
<u>Number of copies of CRF::</u>	<u>1</u>
Title::	DETECTION OF CONFORMATIONALLY ALTERED PROTEINS AND PRIONS
Attorney Docket Number::	A28-011
Request for Early Publication?::	No
Request for Non-Publication?::	No
Total Drawing Sheets::	19
Small Entity?::	Yes
Petition included?::	No
Secrecy Order in Parent Appl.?::	No

### **Applicant Information**

Applicant Authority type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Cindy

Family Name::	ORSER
City of Residence::	McLean
State or Province of Residence::	VA
Country of Residence::	US
Street of mailing address::	915 Ridge Dr.
City of mailing address::	McLean
State or Province of mailing address::	VA
Postal or Zip Code of mailing address::	22101

### **Applicant Information**

Applicant Authority type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Anne
Family Name::	GROSSET
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Country of Residence::	CH
Street of mailing address::	205 Route de Bardonnex
City of mailing address::	La Croix-de-Rozon
Postal or Zip Code of mailing address::	1257

### **Applicant Information**

Applicant Authority type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity

Given Name:: Eugene  
Middle Name:: A.  
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### **Correspondence Information**

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Fax Number:: (203) 335-6899  
E-Mail address:: cosud@erols.com

### **Representative Information**

Representative Customer Number::	28156	
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## Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Continuation-in-part of	10/161,061	05/30/02
10/161,061	Non- Provisional of	60/295,456	<del>09/20/02</del> 05/31/01